

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/577468

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1	1				
6	1					
7	1					
8		7				
9		7				
10		7				
11		7				
12		2				
13		2				
14		1				
15	1					
16		2				
17		2				
18	1					
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20	1					
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TOTAL IND.	7					
TOTAL DEP.	44	↓	↓	↓		
TOTAL CLAIMS	51					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			↓	↓	↓	
TOTAL CLAIMS						